PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
F.O. Box 1480
Alexandria, Virginia 22313-1450

				or <u>Fax</u>	(571)-	273-2885		2010 1100			
INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifical	form should be used to correspondence including d below or directed of ions.	or trange the nerwise	smitting the ISSU Patent, advance of in Block 1, by (
CURRENT CORRESPONDENCE ADDRESS (More: Use Block I for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
29159 7590 04/29/2009						Cer	tificate	of Mailine or Tre	anemies	sion	
K&L Gates LL P.O. Box 1135 CHICAGO, IL 6		1 hereby certify that this Fec(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facstmit transmitted to the USPTO (571) 273-2885, on the date indicated below.									
								- "		(Depositor's name	
								_		(Signature	
										(Date	
APPLICATION NO.	FILING DATE			FIRST NAMED INVEN	TOR		ATTORNEY DOCKET NO.			CONFIRMATION NO.	
09/875,753	875,753 06/06/2001		Olaf Vancur			112300-3390				8046	
		***		Toron to a measurement	I	THE PART LOOK	T		. n. T		
APPLN. TYPE			SUE FEE DUE	PUBLICATION FEED	OE PK	PREV. PAID ISSUE FEE		TOTAL FEE(8) DUE		DATE DUE	
nonprovisional	NO		\$1510	\$300	_	S0		\$1810		07/29/2009	
EXAMINER			ART UNIT	CLASS-SUBCLASS							
PIERCE, WILLIAM M 3711				273-274000							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SIM/12) attached. Tee Address indication (or "Fee Address" indication form PTO/SIM/12) attached. Use of a Customer PTO/SIM/12, Rev 0.5-02 or more recent) attached. Use of a Customer				(1) the names of u or agents OR, alter (2) the name of a registered attorney	L For printing on the patient froat page, list 1) the names of up to 3 registered patient attorneys 1 agents OR, alternatively, 2) the name of a single firm (having as a member a 2 ceptistered attorney or agent) and the names of up to 1 registered patient, altomaps or agents. If no name is 3						
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				listed, no name wil	ll be prin	ited.	HO HAIIP	E 15 3			
3. ASSIGNEE NAME AI PLEASE NOTE: Unl recordation as set forth (A) NAME OF ASSIC IGT	ess an assignee is ident in 37 CFR 3.11. Comp				he pateni g an assig CITY and	STATE OR C			: docum	nent has been filed fo	
Please check the appropri	ate assignee category or	catego	ries (will not be pr	rinted oa the patent):	☐ Ind	lividual 🖾 Co	orporatio	on or other private	group e	entity 🚨 Governmen	
4a. The following fee(s) are submitted: 4b. Si Issue Fee 4c. Publication Fee (No small entity discount permitted) 4d. Advance Order - # of Copies				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Playment by reciti card. Form PTO-2038 is attached. The Director is hereby authorized to charge the recypting fee(s), any deficiency, or credit any overspyment, to Deposit Account Number (Please) (enclose an extra copy of this form).							
	SMALL ENTITY statu	s. Scc	37 CFR 1.27.	☐ b. Applicant is no	longer e	claiming SMAI	LL ENT	TTY status. Sec 37	CFR I	.27(g)(2).	
NOTE: The Issue Fee and interest as shown by the r	Publication Fee (if requecords of the United Sta	iired) v tes Pat	vill not be accepted int and Trademark	d from anyone other the Office.	an the ap	pplicant; a regi	stered a	ttorney or agent; o	r the as	signee or other party is	
Authorized Signature	Clow H	lun	4			Date	Ju	ly 7, 2009			
Typed or printed name						Registration N					
This collection of informs an application. Confident submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi	ation is required by 37 C iality is governed by 35 application form to the ons for reducing this but irginia 22313-1450. DO	FR 1.3 U.S.C. USPT den, st NOT	11. The informatic 122 and 37 CFR O. Time will vary rould be sent to the SEND FEES OR (on is required to obtain 1.14. This collection i depending upon the i e Chief Information O COMPLETED FORM	or retair s estimat ndividua fficer, U S TO TI	n a benefit by t ted to take 12 m il case. Any co LS. Patent and HIS ADDRESS	he publi minutes mments Tradem S. SEND	c which is to file (to complete, inclu on the amount of ark Office, U.S. D TO: Commission	and by ding ga time y epartm er for F	the USPTO to process thering, preparing, an ou require to complete ent of Commerce, P.O. Patents, P.O. Box 1450	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.